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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Author	ized Committee	Office U	Jse Only
	USE FEC MAILING LABEL OR TYPE OR PRINT ♥	Example:If typing, type over the lines		
Americas Health Insurance P	lans PAC (AHIP PAC)			
ADDRESS (number and street)	601 Pennsylvania Avenue NW			
Check if different than previously reported. (ACC)	Suite 500 South Building Washington		DC L	20004
2. FEC IDENTIFICATION NUM	BER ♥ CITY ▲	I	STATE	ZIPCODE A
C00106740	3. IS TH		AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q: Q: Q	(c) 12-Day PRE-Election Report for the: (d) 30-Day Post -Election Report for the:	(M3) Jun 20 (M6) (M4) X Jul 20 (M7) Primary (12P) Convention (12C) General (30G)	H	Vear Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 0 6	01 2008	through 0 6	30 200	8
Type or Print Name of Treasurer	Report and to the best of my knowled Robert Borchardt nically Filed by Robert Borchardt	dge and belief it is true, correc		6 2008
	neous, or incomplete information ma	ay subject the person signing t		
Office Use		, 2, 5.00 (1.0 poloci) organing (FEG	C FORM 3X Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) D D " D 0.6 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 167489.76 2008 January 1 (b) Cash on Hand at 161291.69 Begining of Reporting Period 18994.01 162522.16 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 180285.70 330011.92 6(a) and 6(c) for Column B) 48108.72 197834.94 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 132176.98 132176.98 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2008

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2008

0.00

0.00

0.00

162522.16

м м 0 6

To:

0 1

м м 0 6

Write or Type Committee Name

Report Covering the Period:

Americas Health Insurance Plans PAC (AHIP PAC)

From:

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 74622.48 13496.98 (i) Itemized (use Schedule A) 388.31 7621.80 (ii) Unitemized (iii) TOTAL (add 13885.29 82244.28 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 5000.00 79500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 18885.29 161744.28 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 108.72 777.88 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds

(subtract	Line	18(c)	fro

(a) Non-Federal Account

19. Total Receipts (add Lines 11(d),

(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

20. Total Federal Receipts 18994.01 162522.16 om Line 19)

0.00

0.00

0.00

18994.01

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	108.72	834.94
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	108.72	834.94
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	48000.00	196500.00
Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	500.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) rederal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48108.72	197834.94
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	48108.72	197834.94
′		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	18885.29	161744.28
	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18885.29	161744.28
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	108.72	834.94
	Offsets to Operating Expenditures (from Line 15, page 3)	108.72	777.88
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	57.06

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
2	Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial)	(AHIP PAC	·)	
Α.	James Balda Mailing Address 601 Pennsylvania Aver South Building, Suite 5		est	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 110611-1
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupatio VP Mem	n ber Services and Professiona	al De
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- В.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Aver South Building, Suite 5	00		06 30 7 2008
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-1
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans	Occupatio VP Mem	n ber Services and Profession	al De
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
- C.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Aver South Building Suite 50	00		06 15 2008
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004 2001	208.33
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.96	
	SUBTOTAL of Receipts This Page (optional)			333.33
	TOTAL This Period (last page this line number of		·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may re name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Carmella Bocchino	N		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building Suite 5		τ	06 30 2008
City	State	Zip Code	Transaction ID: 270627-2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	Vice President, Clinical Aff	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2499.96	
Full Name (Last, First, Middle Initial) Christopher Booth			Date of Receipt
Mailing Address 10 Northstar Rise			06 / 02 / 4 4 4 4
City	State	Zip Code	Transaction ID: 32764ed98990db28c3
Pittsford FEC ID number of contributing federal political committee.	C	14534	Amount of Each Receipt this Period 1667.00
Name of Employer The Lifetime Healthcare Companies (for	Occupation EVP, Corp	orate General Counsel	
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 1667.00	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite		t	06 15 2008
City	State	Zip Code	Transaction ID: 110611-3
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans		e President Finance & Ope	erat
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) .	•		1900.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Aver			Date of Receipt
	South Building, Suite 5			06 30 2008
	City Washington	State DC	Zip Code	Transaction ID: 270627-3
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 25.00
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on l'ice President Finance & Ope e Year-to-Date ▼ 300.00	erat
- 3.	Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Aver	Northwe	act	Date of Receipt
	South Building, Suite 5		531	06 15 2008
	City	State	Zip Code	Transaction ID: 110611-4
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Healfh Insurance Plans	Occupation Regiona	on I Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.04]
- :.	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Avel South Building, Suite 5	00		06 / 30 / 4 4 4 4
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-4
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans		l Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
	SUBTOTAL of Receipts This Page (optional)			108.34
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA		
Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite		0 6 1 5 2 0 0 8
City	State Zip Code	Transaction ID: 110611-6
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Francie Burkhart	I	Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 270627-6
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite		0 6 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 110611-8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional) .	_	312.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 10 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC			solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Ave South Building, Suite 5 City Washington	nue Northwe		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	, '	e Director Product Policy e Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne Street Apt. 1223 City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22201-5857	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	T '	on sident, Marketing and Graphi e Year-to-Date ♥ 999.96	ics
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne Street Apt. 1223 City	State	Zip Code	Date of Receipt M M M
Arlington FEC ID number of contributing federal political committee.	VA C	22201-5857	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	, '	on sident, Marketing and Graphi e Year-to-Date ▼ 999.96	ics
SUBTOTAL of Receipts This Page (optional)			229.16

Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code DC 20004-2601 FULL Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. C. Date of Receipt Torinary Dc 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (s		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Gregory Dean Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Washington Date of Receipt Transaction ID: 110611-10 Amount of Each Receipt this Period FEX ID number of contributing federal political committee. City State Zip Code Washington Date of Receipt Transaction ID: 170627-10 Date of Receipt Date of Receipt Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 270627-10 Amount of Each Receipt this Period FEC ID number of contributing Executive Director of AHIP Learning Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code Washington DC 20004-2601 Transaction ID: 110611-12 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Washington DC 20004-2601 Fec ID number of contributing federal political committee. C 20004-2601 FEC ID number of contributing federal political committee. C 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20004-2601 Amount of Each Receipt this Period Amount of Each Receipt Transaction ID: 110611-12 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20004-2601 Amount of Each Receipt Transaction ID: 110611-12 Amount of Each Receipt Transaction ID: 110611-12 Amount of Each Receipt Transaction ID: 110611-12 A		or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	∠ A .	Gregory Dean Mailing Address 601 Pennsylvania Aven South Building, Suite 50	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City Washington DC 20004-2601 Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: 270627-10 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Pull Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City Washington DC 20004-2601 Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City Washington DC 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Occupation VP, Federal Affairs Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96		FEC ID number of contributing		20004-2601	
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Executive Director of AHIP Learning Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Name of Employer America's Health Insurance Plans Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation VP, Federal Affairs Aggregate Year-to-Date ▼ Occupation VP, Federal Affairs Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Occupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Occupation Plans Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Plans Aggregate Year-to-Date ▼ Primary General Other (specify) ▼		Plans Receipt For: Primary General	Executive	e Director of AHIP Learning • Year-to-Date ▼ 750.00	
City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans City State Zip Code DC 20004-2601 Fell Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Primary General Occupation Proceedings of the Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary	В.	Gregory Dean Mailing Address 601 Pennsylvania Aven		est	M M / D D / Y Y Y Y
America's Health Insurance Plans Receipt For:		City Washington FEC ID number of contributing	State DC	•	Amount of Each Receipt this Period
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 6 15 7 2 0 0 8 Transaction ID: 110611-12 Amount of Each Receipt this Period 83.33		America's Health Insurance Plans Receipt For: Primary General	Executive	e Director of AHIP Learning e Year-to-Date ▼	
City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code DC 20004-2601 Amount of Each Receipt this Period 83.33 C State Zip Code DC 20004-2601 Amount of Each Receipt this Period 83.33	-).	Jill Dowell	ue Northwe	est	M M / D D / Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) Occupation VP, Federal Affairs Aggregate Year-to-Date 999.96		City Washington	State DC	•	Transaction ID: 110611-12 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96		federal political committee. Name of Employer America's Health Insurance	Occupatio		03.33
200.00		Receipt For: Primary General	Aggregate	1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional))	208.33

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	C)	
A. <u>J</u>	ull Name (Last, First, Middle Initial) iill Dowell			Date of Receipt
_	Mailing Address 601 Pennsylvania Ave South Building, Suite 5	500		06 30 2008
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-12 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		83.33
<u> </u>	lame of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- 	n eral Affairs e Year-to-Date ▼ 999.96	
B . <u>Z</u>	Full Name (Last, First, Middle Initial) Zeke Duda Mailing Address 23 Old Westfall Dr	1		Date of Receipt 0 6 0 2 2 0 0 8
C	Dity	State	Zip Code	Transaction ID: cb81d26e047d8fa34a0
<u> </u>	Rochester	NY	14625-1045	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1667.00
L	lame of Employer Lifetime Healthcare Compa- lies	Occupatio Senior E	n xecutive VP and CFO	
R	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1667.00	
	Full Name (Last, First, Middle Initial) leffrey Gabardi			Date of Receipt
_	Mailing Address 601 Pennsylvania Ave South Building, Suite 5			06 15 2008
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-13 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	20004 2001	125.00
<u> </u>	lame of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, State Affairs	
R	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
SUE	BTOTAL of Receipts This Page (optional)	1	.	1875.33
	TAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) Americas Health Insurance I	an using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initi Jeffrey Gabardi Mailing Address 601 Pennsyl	al) vania Avenue Northw	est	Date of Receipt
South Buildir	ng, Suite 500		06 30 2008
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004 2001	125.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on (ice President, State Affairs e Year-to-Date ▼ 1500.00	
	vania Avenue Northw	est	Date of Receipt
S Building Society Washington	uite 500 State DC	Zip Code 20004-2601	Transaction ID: 110611-16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on ussociate Counsel, Special P e Year-to-Date ▼ 249.96	roj
Full Name (Last, First, Middle Initi	al)		Date of Receipt
Mailing Address 601 Pennsyl S Building S	vania Avenue Northw	est	06 30 7 2008
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior A	on Associate Counsel, Special P	 roj
Receipt For: Primary General Other (specify) ▼	Aggregati	e Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page	(optional)		166.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donna Horoschak	,	Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Sui		0 6 1 5 2 0 0 8
City	State Zip Code	Transaction ID: 110611-17
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Product Polcy Aggregate Year-to-Date 999.96	
Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania A	Avenue Northwest	Date of Receipt
South Building, Sui	te 500	06 30 2008
City Washington	State Zip Code DC 20004-2601	Transaction ID: 270627-17
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Product Polcy Aggregate Year-to-Date 999.96	
Full Name (Last, First, Middle Initial) C. Scott Keefer		Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Sui		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 110611-19 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional	al)	208.33

Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City S Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for	P PAC) orthwest ate Zip Code C 20004-2601	Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt Amount of Each Receipt this Period
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHII Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Avenue Nome South Building, Suite 500 City South Building, Suite 500 Condition South B	P PAC) porthwest tate Zip Code C 20004-2601 cupation ector of Policy Development gregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Americas Health Insurance Plans PAC (AHII Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Avenue Notes South Building, Suite 500 City S Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City S Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General Occupanies (for Receipt For: Ag	cupation ector of Policy Development gregate Year-to-Date	Transaction ID: 270627-19 Amount of Each Receipt this Period 41.67 Date of Receipt
Scott Keefer Mailing Address 601 Pennsylvania Avenue Nosouth Building, Suite 500 City Substitute 500 City Substitute 500 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Agustitute General Other (specify) Tell Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City Substitute 165 Court Street City Subst	cupation ector of Policy Development gregate Year-to-Date	Transaction ID: 270627-19 Amount of Each Receipt this Period 41.67 Date of Receipt
South Building, Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City Rochester FEC ID number of contributing federal political committee. City Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General	cupation ector of Policy Development gregate Year-to-Date	Transaction ID: 270627-19 Amount of Each Receipt this Period 41.67 Date of Receipt
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City S Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General Occupanies (for Receipt For: Ag	C 20004-2601 cupation ector of Policy Development gregate Year-to-Date ▼	Amount of Each Receipt this Period 41.67 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City S Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General Occupance Committee. Capacitation Committee. Capacitation Committee. Ag Primary General	cupation ector of Policy Development gregate Year-to-Date ▼	Date of Receipt
federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City S Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General	cupation ector of Policy Development gregate Year-to-Date ▼	Date of Receipt
Plans Receipt For:	ector of Policy Development gregate Year-to-Date ▼	╡
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street City Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General		╡
David Klein Mailing Address 165 Court Street City S Rochester N FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Ag Primary General		╡
City S Rochester N FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General		M M / D D / Y Y Y Y
Rochester FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General		06 02 2008
Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General	rate Zip Code Y 14647-0001	Transaction ID: 499e09bad268c11e99 Amount of Each Receipt this Period
Companies (for Receipt For: Ag Primary General		2000.00
Receipt For: Primary General Ag	cupation esident & CEO	1
Primary General	gregate Year-to-Date ▼	
	2000.00	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Nosouth Building, Suite 500	orthwest	06 15 2008
•	ate Zip Code	Transaction ID: 110611-21
Washington D	C 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		41.67
Amorica's Hoalfh Incurance	cupation nior Vice President, Clinical Affair	1
	gregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.04	
SUBTOTAL of Receipts This Page (optional)		2083.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave South Building, Suite 9 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:		Date of Receipt M M J D D J Z D O S Transaction ID: 270627-21 Amount of Each Receipt this Period 41.67
Primary General Other (specify) Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave	500.04	Date of Receipt
S Building Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State Zip Code DC 20004-2601 C Occupation Director, Operations and Claims Aggregate Year-to-Date	Transaction ID: 110611-22 Amount of Each Receipt this Period 20.83
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave S Building Suite 500	249.96	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State Zip Code DC 20004-2601 C Occupation Director, Operations and Claims	Transaction ID: 270627-22 Amount of Each Receipt this Period 20.83
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 249.96	83.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perhe name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P/	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Suite		06 15 7 2008
City Washington	State Zip Code DC 20004-2601	Transaction ID: 110611-23 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 2500+2501	125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation SVP, Center for Health Policy & Res Aggregate Year-to-Date 1500.00	sear
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Av	vanua Northwast	Date of Receipt
South Building, Suite	500	06 30 2008
City Washington	State Zip Code DC 20004-2601	Transaction ID: 270627-23 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation SVP, Center for Health Policy & Res	sear
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Kevin McCarthy		Date of Receipt
Mailing Address 2211 Congress St		0 6 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portland	State Zip Code ME 04122-0002	Transaction ID: d9eeb1462d8ee431f47
FEC ID number of contributing federal political committee.	C 04122-0002	Amount of Each Receipt this Period 2000.00
Name of Employer Unum Group	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 41 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania	Avenue Northwe	est	Date of Receipt
South Building, Su City Washington	ite 500 State DC	Zip Code 20004-2601	Transaction ID: 110611-29 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		e Director Product Policy Year-to-Date 240.00	
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania South Building, Su		est	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 270627-29
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼		e Director Product Policy Year-to-Date 240.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania S Building Suite 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-31
FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 25.00
Name of Employer America's Health Insurance Plans		ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	al)		65.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/41 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I			
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A S Building Suite 50		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004 2001	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Martin Mitchell	I		Date of Receipt
Mailing Address 601 Pennsylvania A South Building Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-33 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Director	n Product Policy	
Receipt For: Primary General	' '	Year-to-Date ▼	1
Other (specify)		249.96	
Full Name (Last, First, Middle Initial) Martin Mitchell	•		Date of Receipt
Mailing Address 601 Pennsylvania A		est	06 30 2008
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-33 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004-2001	20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96]
SUBTOTAL of Receipts This Page (optional	al)		66.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 41 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F		•	
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	06 30 7 2008
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-35 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans		sident Strategic Communica	tion
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1393.92	
SUBTOTAL of Receipts This Page (optional	1		241.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave	enue Northwest	Date of Receipt
South Building, Suite	500	06 30 2008
City	State Zip Code	Transaction ID: 270627-35
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	116.16
Name of Employer America's Health Insurance	Occupation	
Plans	Vice President Strategic Communication	i <u>d</u> n
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1393.92	
Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite	500	06 15 7 2008
City	State Zip Code	Transaction ID: 110611-36
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	999.96	
Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite	500	06 7 30 7 2008
City	State Zip Code	Transaction ID: 270627-36
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	999.96	
SUBTOTAL of Receipts This Page (optional) .		282.82
TOTAL This Period (last page this line numbe	<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	rts and Statements may not be sold or used by any person using the name and address of any political committee to the space (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	IIIS FAC (ALIIF FAC)	
A. Ingrid Reeves Mailing Address 601 Pennsylva South Building,	nia Avenue Northwest Suite 500	Date of Receipt M M
City	State Zip Code	Transaction ID: 110611-38
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt
Mailing Address 601 Pennsylva South Building,	nia Avenue Northwest Suite 500	06 30 2008
City	State Zip Code	Transaction ID: 270627-38
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	249.96	
Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt
South Building,		06 15 2008
City	State Zip Code	Transaction ID: 110611-39
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Vice President, Public Health & Clinic	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (or	otional)	72.91
TOTAL This Period (last page this line		

	OULE A (FEC Form 3X ED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)
Any inform	nation copied from such Reports and	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full)	ino namo ana aa	aroos or arry pointed committee to	Control Control Control Control Control
\	cas Health Insurance Plans P	AC (AHIP PAC	C)	
Full Na Bob Re	me (Last, First, Middle Initial) hm			Date of Receipt
	Address 601 Pennsylvania A South Building, Suite			06 30 2008
City		State	Zip Code	Transaction ID: 270627-39
<u>Wash</u>	ington	DC	20004-2601	Amount of Each Receipt this Period
	number of contributing political committee.	C		31.25
Name o Americ Plans	of Employer a's Health Insurance	Occupatio Vice Pres	n sident, Public Health & Clinic	
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Na Lisa Sh	me (Last, First, Middle Initial) reve			Date of Receipt
Mailing	Address 12149 Darnley Road	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 110611-40
Wood	bridge	VA	22192-6615	Amount of Each Receipt this Period
	number of contributing political committee.	C		41.67
Name o Americ Plans	of Employer a's Health Insurance	Occupatio Senior V	n ice President, Professional F	r
Receip	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
Full Na Lisa Sh	me (Last, First, Middle Initial)			Date of Receipt
	Address 12149 Darnley Road	t		M M / D D / Y Y Y Y Y Y Y O O O O O O O O O O O O
City		State	Zip Code	Transaction ID: 270627-40
Wood	bridge	VA	22192-6615	Amount of Each Receipt this Period
	number of contributing political committee.	C		41.67
Name of Americ Plans	of Employer a's Health Insurance	Occupatio Senior V	n ice President, Professional F	- 'r
Receip	t For:	<u> </u>	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.04	
				114.59

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 41 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave South Building, Suite City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State DC C Occupation	Zip Code 20004-2601	Date of Receipt M M M / D D / Y Y Y Y Y Y O 6 1 5 2 0 0 8 Transaction ID: 110611-41 Amount of Each Receipt this Period 204.35
Plans Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2452.20	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave South Building, Suite City	500 State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	DC C Occupation	20004-2601 n	Amount of Each Receipt this Period 204.35
Plans Receipt For: □ Primary □ General □ Other (specify) ▼		vernment Affairs e Year-to-Date ▼ 2452.20	
Full Name (Last, First, Middle Initial) Jonathan Tilton Mailing Address 601 Pennsylvania Ave	enue Northwe	est	Date of Receipt
South Building, Suite City	500 State	Zip Code	0 6 1 5 2 0 0 8 Transaction ID: 110611-43
Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, ' · · · · · · · · · · · · · · · · · · 	n Director, Strategic Communi Year-to-Date ▼ 229.13	cali
SUBTOTAL of Receipts This Page (optional) .			429.53

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A or	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	()	
۷.	Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave	nua Narthura	oot.	Date of Receipt
	South Building, Suite 5		25 1	06 15 2008
	City	State	Zip Code	Transaction ID: 110611-45
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance	Occupatio		
	Plans Receipt For:	1 =	e Vice President e Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	2499.96	
- -	Full Name (Last, First, Middle Initial) Michael Tuffin	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite 5			06 30 / 2008
	City	State	Zip Code	Transaction ID: 270627-45
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		2499.96	
_	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite 5		est	0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 110611-46
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance	Occupatio		
	Plans		tuary/Vice President, Produc	t_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	. [
	Other (specify) ▼		500.04	
\[SUBTOTAL of Receipts This Page (optional)	1		458.33
F			·	
י ן	FOTAL This Period (last page this line number	only)	>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 41 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	nd Statements may not be sold or used by any pers the name and address of any political committee to PAC (AHIP PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania A South Building, Sui	Avenue Northwest	Date of Receipt 0 6 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 270627-46
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Chief Actuary/Vice President, Produ Aggregate Year-to-Date 500.04	ct
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Dow	ns Drive	Date of Receipt
	IIS DIIVE	06 15 2008
City	State Zip Code	Transaction ID: 110611-47
Marquette FEC ID number of contributing federal political committee.	MI 49855-9542	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Legislative Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering	l	Date of Receipt
Mailing Address 107 Chocolay Dow	ns Drive	0 6 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 270627-47
Marquette	MI 49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Legislative Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
	al)	131.67

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 27 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and ad	dress of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Av. South Building, Suite		est	Date of Receipt 0 6 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 110611-48
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	_ ' _ · · · · 	on Director, State Publications e Year-to-Date ▼ 375.00	
В.	Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Av		est	Date of Receipt 0 6 3 0 2 0 0 8
	South Building, Suite	500 State	Zip Code	Transaction ID: 270627-48
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	31.25
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	_ ' ' ' '	on Director, State Publications e Year-to-Date ▼ 375.00]
_ С.	Full Name (Last, First, Middle Initial) Paul Von Ebers			Date of Receipt
	Mailing Address 26 Thomas Grv			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: dd5df79a102a4b1e9d9
	Pittsford	NY	14534-3066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1667.00
	Name of Employer Lifetime Healthcare Compa- nies	- ' '	e VP and COO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1667.00	
	SUBTOTAL of Receipts This Page (optional)			1729.50
f	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Benorts and	for each category of Detailed Summary F	the (crieck only only)
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address of any political cor	nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Av South Building, Suite		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 110611-50
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, Legislativ Aggregate Year-to-Date 75	0.00
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Av		Date of Receipt
South Building, Suite	State Zip Code	06 30 2008
Washington	DC 20004-2601	Transaction ID: 270627-50 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, Legislativ Aggregate Year-to-Date ▼	ne Affair
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Suite	500	06 30 2008
City Washington	State Zip Code DC 20004-2601	Transaction ID: 270627-52 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Manager, Media Relat	tions
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	8.30
SUBTOTAL of Receipts This Page (optional)	1	145.83

13496.98

S	CHEDULE A (FEC Form 3X)			FOR	LINE	NU	MBER	1:	PAG	E 29	9 / 41	
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	I —	k only 11a 13	on	e) 11b 14	X	11c 15	-	12 16	 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any perso dress of any political committee to	n for the solicit c	e purp ontrib	ose	of soli	icitin n su	ng cont nch cor	ribut nmitt	ions tee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)									
	Full Name (Last, First, Middle Initial) Health Net Incorporated Political Action Committee			Da	ate of	Red	ceipt					
	Mailing Address 455 Capitol Mall Suite 80)1			и м 0 6	/	1	8	Y		0 8	
	City	State	Zip Code	Tra	ansac	ctio	n ID: 4	41e	6e854	1079	967	44679
	Sacramento	CA	95814	Ar	mount	t of	Each F	Rece	eipt this	s Per	iod	
	FEC ID number of contributing federal political committee.	C COO	0230789			-				500	0.00	
	Name of Employer	Occupation	1									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]								

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 41 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	()	
Α.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Ave	, NW		06 04 2008
	City	State	Zip Code	Transaction ID: d2644ef1e7611a7e212
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.00
	Name of Employer	Occupatio	n	Reimbursement for Merchant Service Fees
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 7777.88	
В.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Ave	, NW		0 6 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 44e00166bd87f95851d
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.72
	Name of Employer	Occupatio	n	Reimbursement of Merchant Service Fees
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 777.88	

SUBTOTAL of Receipts This Page (optional)	•	108.72
TOTAL This Period (last page this line number only)	•	108.72

		(FEC Form :	J Use se	parate schedule(s)	FOR LINE		PAGE 31 / 41
IT!	EMIZED DIS	BURSEMEN	TS for eac	h category of the d d Summary Page	(check only 21b 27	22 23 28a 28b	24 25 2 28c 29 3
						or the purpose of sol licit contributions fror	
\rangle	NAME OF COMM						
<u>/</u>	Full Name (Last, Fi					Transaction ID: Date of Disburser	5d1985e530331429k
	Mailing Address	730 15th Street Second Floor	NW			06 12	2 2008
	City Washington	3333114 1 1331	State DC	Zip Code 20005		Amount of Each D	Disbursement this Period
	Purpose of Disburs Wire Transfer Fee Candidate Name	sement			001 Category/		12.00
	Office Sought:	House	Disbursement For:	:	Type		
	State:	Senate President District:	Primary Other (s	General pecify)			
	Full Name (Last, Fi	irst, Middle Initial)				Transaction ID: Date of Disburser	5f54356510bb771bb
	Mailing Address	730 15th Street, Second Floor	, NW			06 06 27	7 2008
	City Washington		State DC	Zip Code 20005		Amount of Each [Disbursement this Period
	Purpose of Disburs Wire Transfer Fee	sement			001		12.00
	Candidate Name				Category/ Type		
	Office Sought:	House Senate President	Disbursement For: Primary Other (s	General			
	State: Full Name (Last, F	District: irst, Middle Initial)				Transaction ID:	34d2e21324a4773b
	Citibank					Date of Disburser	nent
	Mailing Address	1101 Pennsylva 11th Floor	nia Ave, NW			06 04	2008
	City Washington		State DC	Zip Code 20004		Amount of Each D	Disbursement this Period
	Purpose of Disburs Merchant Service F				001		53.06
	Candidate Name				Category/ Type		
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State:

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District:

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	HEDULE B	-	-		arate schedule(s)	۱ I		R LINI eck or	 UMBE	R:			PA	GE	32 / 4	1	
ITEMIZED DISBURSEMENTS				for each Detailed		X	21b 27	22 28a		23 28b	\Box	24 28c		25 29	П	26 30b	
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\	NAME OF COMMI Americas Health	` ,	s PAC (AH	IIP PAC)													
-	Full Name (Last, Fi Citibank Mailing Address	1101 Pennsylva	ania Ave, I	NW					Trans Date o		sburs				a4ec1 0 0 8	_	548
	City Washington	11th Floor		State DC	Zip Code 20004	<u> </u>			Amou	nt of	f Each	Dis	burser	-	t this P	-	d
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(Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General												

SUBTOTAL of Disbursements This Page (optional)	•	31.66
TOTAL This Period (last page this line number only)	—	108.72

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	EMIZED DIS			Detailed	category of the Summary Page		2 2	1b 7	22 28a	X 23 28b	24 280		3
	y Information copied for commercial purp NAME OF COMM Americas Healtl	oses, other than us	ing the name	and addre									
_	Full Name (Last, F	irst, Middle Initial)	•						Trans	action II	1 : 0260	5-68642	02/000
	Alamo Pac	,							Date o	f Disbur	sement		
	Mailing Address	919 Congress Frost Bank Pla		400					0 6		3 0 /	žoč	8
	City Austin			tate X	Zip Code 78701				Amoui	nt of Eac	h Disburs	ement this	s Period
	Purpose of Disburs 2008 Contribution	sement					011	\neg				2500.	00
	Candidate Name						ategory	y/					
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		District:	Contribu	tion									
	Full Name (Last, F Boyd for Congre	. ,								f Disbur	sement	0-91245	669126
	Mailing Address	PO Box 15703 PO Box 15703							0 6	/ D	05	žoč	8 ^Y
	City Tallahassee			tate L	Zip Code 32317				Amoui	nt of Eac	h Disburs	ement this	s Period
	Purpose of Disburs 3/14/08 Contribution						011					-2500.	00
	Candidate Name F. Allen Boyd, J	r.					ategory Type	y/					
	Office Sought:	X House Senate President District: 02		nent For: Primary Other (spe	2008 General								
	Full Name (Last, F		tv Pac (Fari	m Pac)						action II		9-81193	178892
	Mailing Address	675 N Washing								/ / D		Ý Ž O Č	8
	City Alexandria			tate /A	Zip Code 22314				Amoui	nt of Eac	h Disburs	ement this	s Period
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or fo	or commercial pur	ed from such Reports rposes, other than usi						person	for the	pui		e of s	oliciti	ing co		utions	
١.	NAME OF COMM Americas Heal	MITTEE (In Full) th Insurance Plan:	s PAC (AH	IIP PAC)													
	Full Name (Last, Friends of Blar Mailing Address	First, Middle Initial) nche Lincoln PO Box 3197							Da	ate c		sburs				93530 0 0 8	
	City Little Rock	•		State AR	Zip Code 72203				Ar	noui	nt of	Each	n Disk	ourse	ment	this P	eriod
	Purpose of Disbu 2010 Primary Con Candidate Name						01	1 ory/							10	00.00)
	Blanche Lamb Office Sought: State: AR	ert Lincoln House X Senate President District:	Disburse	ment For: Primary Other (spe	2010 General		Тур	•									
	Full Name (Last, Friends of Blar Mailing Address	First, Middle Initial) nche Lincoln PO Box 3197							Da	ate c		sburs				0 0 8	
	City Little Rock			State AR	Zip Code 72203				Ar	noui	nt of	Each	n Disk	ourse		this P	
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	Office Sought: State: AR	House X Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼		Тур	<u> </u>	_								
	Full Name (Last, Friends of Erik	First, Middle Initial) Paulsen										sburs	emer		-942	21197	7720
	Mailing Address	PO Box 44369 250 Prairie Cer							d	6	M .	^D 3	3 O	/ Y	ž	0 ŏ 8	Y
	City Eden Prairie		(State MN	Zip Code 55344				Ar	noui	nt of	Each	n Disk	ourse	-	this P	
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	Candidate Name Erik Paulsen	y House	Diahora	mont For	2000		ateg Typ	ory/ e									
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 280		25 29	<u> </u>
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	ne and address of any politic										
L	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	0269	5-60	55719	92564
	Friends of John Barrasso Mailing Address PO Box 52008						of Dis		D /	Y Y	0 ŏ 8	Y
	City	State Zip Code				Amou	ınt of l	Each I	Disburs			
	Casper	WY 82605								-	-	-
	Purpose of Disbursement 2008 Primary Contribution			01		L.	•		•	20	00.00)
	Candidate Name John Barrasso		C	ate Ty	gory/ pe							
		sement For: 2008 K Primary Genera Other (specify)										
	State: WY District:											
	Full Name (Last, First, Middle Initial) Friends of John Boehner						actio of Dis		0269 ment	5-23	90558	3123
	Mailing Address 7908-I2 Cincinnati Dayl	on Road				0 ^M 6	M /	^D 3	0 /	2	0 ŏ 8	Y
	City West Chester	State Zip Code OH 45069				Amou	int of I	Each I	Disburs	emer	t this F	Period
	Purpose of Disbursement 2008 General Contribution			01	11	L.			-	1(00.00)
	Candidate Name John A. Boehner			ate Ty	gory/ pe							
	Office Sought: X House Senate President Disbure	sement For: 2008 Primary X Genera Other (specify)	•									
	State: OH District: 08											
	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc						actio of Dis		8533 ment	4-36	86944	1842
	Mailing Address 175 South West Templ	e Suite 650				0 ^M 6	M /	^D 3	0 /	Ý Ž	o ŏ e	} Y
	City Salt Lake City	State Zip Code UT 84101				Amou	int of I	Each I	Disburs	emen	t this F	Period
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	Candidate Name Orrin G. Hatch			ate Ty	gory/ pe							
	X Senate President	sement For: 2008 ✓ Primary Genera Other (specify) ▼										
	State: UT District:											
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Transaction ID: 85334-275219142 July 20		SCHEDULE B (FEC Form 3X)		LICA CANATATA CONGOLIIA(C)				LINE NUMBER:						PAGE 36 / 41			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) John Shadeggs Friends Mailing Address PO Box 45444 City State Zip Code AZ 85064 Purpose of Disbursement 2008 Primary Contribution Candidate Name John Shadegg Office Sought: X House Senate President Senate President State: AZ District: 03 Full Name (Last, First, Middle Initial) Linder for Congress Mailing Address PO Box 4026 City State Zip Code GA 30096 City State Senate General President State: GA Disbursement For: 2008 Senate President State: GA District: 07 Full Name (Last, First, Middle Initial) Linder for Congress Mailing Address PO Box 4026 City General President State: GA Disbursement For: 2008 Senate President State: GA Disbursement For: 2008 X Primary General President State: GA Disbursement For: 2008 X Primary General President State: GA Disbursement For: 2008 X Primary General President State: GA Disbursement For: 2008 X Primary General President State: GA Disbursement For: 2008 X Primary General President State: GA Disbursement For: 2008 X Primary General President State: GA Disbursement For: 2008 X Primary General President State: TN District: 07 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Peri Galegory' Jype Office Sought: X House Senate President State: TN District: 07 Full Name (Last, First, Middle Initial) District: 07 State: GA Disbursement For: 2008 X Primary General President State: TN District: 07 Full Name (Last, First, Middle Initial) District: 07 Full Name (Last, First, Middle Initial) Category' Jype Office Sought: X House Ga A 30096 Amount of Each Disbursement this Peri Galegory' Jype Office Sought: X House Galegory' Jype Office Sought: X House Galegory' Jype Office Sought: X Hou	IT	EMIZED DISBURSEMENTS	for each	category of the		(cr	21b	22	>	_				П		26	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) John Shadeggs Friends Mailing Address PO Box 45444 City Phoenix AZ 85064 Purpose of Disbursement 2008 Primary Contribution Candidate Name John Shadegg Office Sought: X House Senate President State: AZ Disbursement 2008 Primary Contribution Candidate Name John Shadegg Office Sought: X House Senate President State: AZ Disbursement 2008 Primary Contribution Candidate Name John Charles Po Box 4026 City State: AZ Disbursement Candidate Name John Linder Office Sought: X House Senate President State: AZ Disbursement Candidate Name John Linder Condidate Name John Linder Office Sought: X House Senate President State: CA Disbursement For: 2008 X Primary General President State: GA District: 07 Full Name (Last, First, Middle Initial) Marsha Blaskburn for Congress Inc. Mailing Address PO Box 682185 City Franklin Type Office Sought: X House Senate President State: CA Disbursement Cardidate Name John Linder Office Sought: X House Senate President State: Disbursement Dis																	
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) John Shadeggs Friends Mailing Address PO Box 45444 City State Zip Code Phoenix AZ 85064 Purpose of Disbursement For: 2008 Pirmary Contribution Candidate Name John Shadegg Office Sought: X House President State: AZ District: 03 Full Name (Last, First, Middle Initial) Linder for Congress Mailing Address PO Box 4026 City State Zip Code GA 30096 City State Zip Code GA 30096 City State Amount of Each Disbursement Hor: 2008 Pirmary Contribution Candidate Name John Linder Office Sought: X House Senate President Senate College of Disbursement Condidate Name John Linder Office Sought: X House Senate President Senate College of Disbursement College of Disburse	Or	<u> </u>	e and addre	ss or any political	COI	ווווווננ	ee to so	olicit cor	ILIIDU	ILIOIT	SIIC	om su	CHC	OHH	iiillee		
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Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) McConnell Senate Committee '08		Transaction ID: 02695-12633913755
Mailing Address PO Box 1496		0 6 M / D 3 D / Y 2 0 0 8 Y
City Louisville	State Zip Code KY 40201	Amount of Each Disbursement this Period
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X Senate President	Primary X General Other (specify) ▼	
State: KY District: Full Name (Last, First, Middle Initial) Next Century Fund		Transaction ID: 53639-86996096372
Mailing Address 116 S Royal Street		0 6 D D D D D D D D D D D D D D D D D D
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City Concord	State Zip Code NH 03301	Amount of Each Disbursement this Period
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Office Sought: X House Senate President State: NH District: 02	bursement For: 2008 X Primary General Other (specify)	

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City Alexandria	State Zip Code VA 22314			Amo	unt of I	Each [Disburs	ement	this Pe	rio
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\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)			
<u></u>	Full Name (Last, First, Middle Initial) Senate Majority Fund				Transaction ID: 02695-19872683286 Date of Disbursement
	Mailing Address PO Box 32025				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & B \end{smallmatrix} \end{bmatrix}$
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	City University Heights	State OH	Zip Code 44118		Amount of Each Disbursement this Period
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Americas Health Insurance Plans PAC (AF	IIP PAC)		
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Wicker for Senate			Pate of Disbursement
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Mailing Address PO Box 64		L	06 30 2008
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Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.